

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Indiana

Case number (If known): _____

Chapter you are filing under:

☐

Chapter 7

☐

Chapter 11

☐

Chapter 12

☒

Chapter 13

☐

Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Keith

First name

Everett

Middle name

Beber

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Danielle

First name

Rene

Middle name

Beber

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

Danielle

First name

Rene

Middle name

Weltz

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 5 6 1

OR

9xx - xx -

xxx - xx - 6 0 0 6

OR

9xx - xx -

Debtor 1
Debtor 2

Keith Danielle	Everett Rene	Beber Beber
First Name	Middle Name	Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

5. Where you live

537 Capitol Blvd.

Number Street

Elkhart, IN 46516

City State ZIP Code

Elkhart

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. How you will pay the fee

☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No.
☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.
☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you?
☐ No. Go to line 12.
☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3:

Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.
 ☐ Yes. Name and location of business

Name of business, if any

Number

Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
 ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
 ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
 ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☒ No. I am not filing under Chapter 11.
 ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 ☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

First Name

Middle Name

Last Name

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number

Street

City

State

ZIP Code

Debtor 1
Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

First Name

Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☒ No. I am not filing under Chapter 7. Go to line 18.
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999

☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000

☐ 25,001-50,000
☐ 50,000-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

☐ \$0-\$50,000
☐ \$50,001-\$100,000
☒ \$100,001-\$500,000
☐ \$500,001-\$1 million

☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

☐ \$0-\$50,000
☐ \$50,001-\$100,000
☒ \$100,001-\$500,000
☐ \$500,001-\$1 million

☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Keith Everett Beber
Keith Everett Beber, Debtor 1
Executed on 02/22/2024
MM/ DD/ YYYY

X /s/ Danielle Rene Beber
Danielle Rene Beber, Debtor 2
Executed on 02/22/2024
MM/ DD/ YYYY

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 7

Debtor 1
Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

Case number (if known)

First NameMiddle NameLast Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ James K. Tamke

Signature of Attorney for Debtor

Date 02/22/2024

MM / DD / YYYY

James K. Tamke

Printed name

James K Tamke PC

Firm name

922 E Jefferson Blvd

Number Street

South Bend

City

IN

State

46617

ZIP Code

Contact phone (574) 289-8788

Email address jamestamke@gmail.com

12030-71

Bar number

IN

State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Northern</u> District of <u>Indiana</u>			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 **Residence: 3 bd1 ba1,962 sqft, 1 car detached garage, 0.27 Acres**

Street address, if available, or other description

537 Capitol Blvd

Elkhart, IN 46516-4008

City State ZIP Code

Elkhart

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Legally described as "Allendale Lot 237" and Allendale Lot 238" by the Elkhart County Treasurer and valued as follows: The Elkhart County Treasurer has the property assessed at 74800 (71600 + 3200). However since Debtors believed the property may be worth more than the assessed value, they requested a CMA from a local realtor in which the realtor provided a list of 5 comparable properties that sold in their area for prices ranging from a low of \$107500 to a high of \$140000. Therefore, Debtors believe their house would sell for somewhere between the assessed value of \$74800 and the highest comparative sales price of \$140000 which averages out to \$107400 (74800 + 140000 / 2) which is very close in amount to the lowest comparative sales price of \$107500 which is believed to be the approximate current (gross) value of Debtor's house. However, the actual (net) value of the house is only believed to be about \$96750(107500 less 10% hypothetical selling costs for realtor commissions and fixing up costs, etc.).

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$96,750.00

Current value of the portion you own?

\$96,750.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$96,750.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Dodge Who has an interest in the property? Check one.
Model: Ram1500 Sportsman ☒ Debtor 1 only
Year: 2017 ☐ Debtor 2 only
Approximate mileage: 84806 ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$25,000.00

Current value of the portion you own?

\$25,000.00

Other information:

If you own or have more than one, describe here:

3.2 Make: GMC Who has an interest in the property? Check one.
Model: Yukon SLT ☐ Debtor 1 only
Year: 2019 ☒ Debtor 2 only
Approximate mileage: 90580 ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$37,000.00

Current value of the portion you own?

\$37,000.00

Other information:

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1 Make: _____ Who has an interest in the property? Check one.
Model: _____ ☐ Debtor 1 only
Year: _____ ☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Other information:

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$62,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.

See Attached.

\$3,150.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.

See Attached.

\$1,925.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.books
family pictures\$125.00**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.\$550.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.

wedding rings

\$400.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.

DOG

\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No☐ Yes. Give specific information.

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

**\$6,150.00****Part 4:** Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash:**\$40.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:

CASH APP**\$4.00**

17.2. Checking account:

**Everwise
Account Number: XXXXX7528****\$1.00**

17.3. Checking account:

**Interra
Account Number: XXXXX4048****\$0.00**

17.4. Savings account:

**Everwise
Account Number: XXXX32:1****\$5.00**

17.5. Savings account:

**Interra
Account Number: XXXX4800****\$0.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:	<u>WINNEBAGO</u>	<u>\$5,000.00</u>
401(k) or similar plan:	<u>WINNEBAGO</u>	<u>\$2,000.00</u>

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

_____**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

See Attached.

Federal:

unknown

State:

unknown

Local:

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☐ No☒ Yes. Give specific information.Michael Schmitt
52185 Broken Arrow Dr
GrangerIN46530
Date Started: 02/06/2013
Court Order: Yes

Alimony:

Maintenance:

Support:

\$48.00

Divorce settlement:

Property settlement:

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here****\$7,098.00****Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.

41. Inventory☒ No☐ Yes. Describe.**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**\$0.00****Part 6:****Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals*Examples:* Livestock, poultry, farm-raised fish☒ No☐ Yes**48. Crops—either growing or harvested**☒ No☐ Yes. Give specific
information.**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific
information.**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →**\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific
information.**54. Add the dollar value of all of your entries from Part 7. Write that number here** →**\$0.00****Part 8:** List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2** →**\$96,750.00****56. Part 2: Total vehicles, line 5** **\$62,000.00****57. Part 3: Total personal and household items, line 15** **\$6,150.00****58. Part 4: Total financial assets, line 36** **\$7,098.00**

Debtor Beber, Keith Everett; Beber, Danielle Rene

Case number (if known) _____

59.	Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60.	Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61.	Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62.	Total personal property. Add lines 56 through 61.	<u>\$75,248.00</u>	Copy personal property total → + <u>\$75,248.00</u>
63.	Total of all property on Schedule A/B. Add line 55 + line 62.		<u>\$171,998.00</u>

Continuation Page

6.	Household goods and furnishings	
	bed	\$1,000.00
	clothes dryer	\$50.00
	dining table	\$75.00
	dish washer	\$75.00
	dishes / flatware	\$50.00
	dresser(s) / nightstand(s)	\$50.00
	lamps / accessories	\$25.00
	lawnmower	\$150.00
	loveseat(s)	\$300.00
	microwave	\$75.00
	MISCELLANEOUS HOUSEHOLD GOODS	\$500.00
	pots / pans / cookware	\$75.00
	refrigerator / freezer	\$200.00
	sofa(s)	\$150.00
	stove	\$150.00
	washing machine	\$150.00
	yard /landscaping tools	\$75.00
7.	Electronics	
	cellular telephones	\$750.00
	personal computer	\$400.00
	television 1	\$400.00
	television 2	\$75.00
	television 3	\$75.00
	television 4	\$25.00
	video game system	\$200.00
28.	Tax refunds owed to you	
	Federal: 2023	unknown
	Federal: 2023 EARNED INCOME CREDIT	unknown
	State: 2023	unknown

Fill in this information to identify your case:

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Indiana</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Residence: 3 bd1 ba1,962 sqft, 1 car detached garage, 0.27 Acres 537 Capitol Blvd Elkhart, IN 46516-4008	<u>\$96,750.00</u>	<input checked="" type="checkbox"/> <u>\$22,750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(1) _____ _____ _____
Line from Schedule A/B: <u>1.1</u>			
Brief description: sofa(s)	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____ _____
Line from Schedule A/B: <u>6</u>			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1
Debtor 2

**Keith
Danielle**
 First Name

**Everett
Rene**
 Middle Name

**Beber
Beber**
 Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: loveseat(s) _____ Line from Schedule A/B: <u>6</u>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: dining table _____ Line from Schedule A/B: <u>6</u>	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: refrigerator / freezer _____ Line from Schedule A/B: <u>6</u>	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: stove _____ Line from Schedule A/B: <u>6</u>	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: microwave _____ Line from Schedule A/B: <u>6</u>	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: dish washer _____ Line from Schedule A/B: <u>6</u>	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: washing machine _____ Line from Schedule A/B: <u>6</u>	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: clothes dryer _____ Line from Schedule A/B: <u>6</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)

Debtor 1

Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: dishes / flatware _____ Line from Schedule A/B: 6	_____ \$50.00	<input checked="" type="checkbox"/> _____ \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: pots / pans / cookware _____ Line from Schedule A/B: 6	_____ \$75.00	<input checked="" type="checkbox"/> _____ \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: bed _____ Line from Schedule A/B: 6	_____ \$1,000.00	<input checked="" type="checkbox"/> _____ \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: dresser(s) / nightstand(s) _____ Line from Schedule A/B: 6	_____ \$50.00	<input checked="" type="checkbox"/> _____ \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: lamps / accessories _____ Line from Schedule A/B: 6	_____ \$25.00	<input checked="" type="checkbox"/> _____ \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: lawnmower _____ Line from Schedule A/B: 6	_____ \$150.00	<input checked="" type="checkbox"/> _____ \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: yard /landscaping tools _____ Line from Schedule A/B: 6	_____ \$75.00	<input checked="" type="checkbox"/> _____ \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: MISCELLANEOUS HOUSEHOLD GOODS _____ Line from Schedule A/B: 6	_____ \$500.00	<input checked="" type="checkbox"/> _____ \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____ _____

Debtor 1

Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: television 1 _____ Line from <i>Schedule A/B:</i> 7	\$400.00 _____	<input checked="" type="checkbox"/> \$400.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: television 2 _____ Line from <i>Schedule A/B:</i> 7	\$75.00 _____	<input checked="" type="checkbox"/> \$75.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: television 3 _____ Line from <i>Schedule A/B:</i> 7	\$75.00 _____	<input checked="" type="checkbox"/> \$75.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: television 4 _____ Line from <i>Schedule A/B:</i> 7	\$25.00 _____	<input checked="" type="checkbox"/> \$25.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: personal computer _____ Line from <i>Schedule A/B:</i> 7	\$400.00 _____	<input checked="" type="checkbox"/> \$400.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: video game system _____ Line from <i>Schedule A/B:</i> 7	\$200.00 _____	<input checked="" type="checkbox"/> \$200.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: cellular telephones _____ Line from <i>Schedule A/B:</i> 7	\$750.00 _____	<input checked="" type="checkbox"/> \$750.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: Clothes _____ Line from <i>Schedule A/B:</i> 11	\$550.00 _____	<input checked="" type="checkbox"/> \$550.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____

Debtor 1
Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

First NameMiddle NameLast Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: wedding rings _____ Line from Schedule A/B: <u>12</u>	\$400.00 _____	<input checked="" type="checkbox"/> \$400.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: DOG _____ Line from Schedule A/B: <u>13</u>	\$0.00 _____	<input checked="" type="checkbox"/> \$0.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(2) _____ _____
Brief description: Cash _____ Line from Schedule A/B: <u>16</u>	\$40.00 _____	<input checked="" type="checkbox"/> \$40.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(3) _____ _____
Brief description: Everwise Checking account Acct. No.: XXXXX7528 _____ Line from Schedule A/B: <u>17</u>	\$1.00 _____	<input checked="" type="checkbox"/> \$1.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(3) _____ _____
Brief description: Everwise Savings account Acct. No.: XXXX32:1 _____ Line from Schedule A/B: <u>17</u>	\$5.00 _____	<input checked="" type="checkbox"/> \$5.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(3) _____ _____
Brief description: Interra Savings account Acct. No.: XXXX4800 _____ Line from Schedule A/B: <u>17</u>	\$0.00 _____	<input checked="" type="checkbox"/> \$0.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(3) _____ _____
Brief description: Interra Checking account Acct. No.: XXXXXX4048 _____ Line from Schedule A/B: <u>17</u>	\$0.00 _____	<input checked="" type="checkbox"/> \$0.00 _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____	Ind. Code § 34-55-10-2(c)(3) _____ _____

Debtor 1
Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

First NameMiddle NameLast Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: CASH APP Checking account Line from Schedule A/B: 17	\$4.00	<input checked="" type="checkbox"/> \$4.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3) _____ _____ _____
Brief description: WINNEBAGO Line from Schedule A/B: 21	\$5,000.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(6) _____ _____ _____
Brief description: WINNEBAGO Line from Schedule A/B: 21	\$2,000.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(6) _____ _____ _____
Brief description: Federal tax Line from Schedule A/B: 28	unknown	<input checked="" type="checkbox"/> \$802.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3) _____ _____ _____
Brief description: State tax Line from Schedule A/B: 28	unknown	<input checked="" type="checkbox"/> unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(11) _____ _____ _____
Brief description: EARNED INCOME CREDIT Federal tax Line from Schedule A/B: 28	unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(11) _____ _____ _____
Brief description: Michael Schmitt 52185 Broken Arrow Dr GrangerIN46530 Date Started: 02/06/2013 Court Order: Yes Support Line from Schedule A/B: 29	\$48.00	<input checked="" type="checkbox"/> \$48.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3) _____ _____ _____

Fill in this information to identify your case:

Debtor 1 Keith Everett Beber
First Name Middle Name Last Name

Debtor 2 Danielle Rene Beber
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Indiana

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion

If any

2.1 Interra Credit Union Describe the property that secures the claim: \$31,341.79 \$25,000.00 \$6,341.79
Creditor's Name 2017 Dodge Ram1500 Sportsman
300 West Lincoln Ave
Number Street
Goshen, IN 46526
City State ZIP Code

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

☐ Check if this claim relates to a community debt

Date debt was incurred 11/18/2021 Last 4 digits of account number 4 8 7 1

Add the dollar value of your entries in Column A on this page. Write that number here:

\$31,341.79

Debtor 1 **Keith** **Everett** **Beber** Case number (if known) _____
Debtor 2 **Danielle** **Rene** **Beber** _____
First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C	
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.2	<p>Interra Credit Union</p> <p>Creditor's Name 300 West Lincoln Ave Number Street Goshen, IN 46526 City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 09/22/2022</p>	<p>Describe the property that secures the claim: 2019 GMC Yukon SLT</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number 4 8 7 3</p>	\$51,351.29	\$37,000.00	\$14,351.29
2.3	<p>LOANCARE SERVICING C</p> <p>Creditor's Name 3637 SENTARA WAY Number Street VIRGINIA BEACH, VA 23452 City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 2/24/2017</p>	<p>Describe the property that secures the claim: Residence: 3 bd1 ba1,962 sqft, 1 car detached garage, 0.27 Acres 537 Capitol Blvd Elkhart, IN 46516-4008</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number 6 2 5 7</p>	\$69,228.00	\$69,228.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$120,579.29			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$151,921.08			

Fill in this information to identify your case:

Debtor 1 **Keith** **Everett** **Beber**
First Name Middle Name Last Name

Debtor 2 **Danielle** **Rene** **Beber**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Indiana

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

_____	Last 4 digits of account number _____	_____	_____	_____
Priority Creditor's Name	When was the debt incurred? _____			
Number Street				
_____	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Domestic support obligations			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Taxes and certain other debts you owe the government			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____			
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	<u>AMERICOLLECT</u> Nonpriority Creditor's Name <u>1851 S ALVERNO ROAD</u> Number Street <u>MANITOWOC, WI 54221</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: GOSHEN HOSPITAL	Last 4 digits of account number <u>9 0 1 9</u> When was the debt incurred? <u>10/14/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<u>\$1,485.00</u>	
4.2	<u>AMERICOLLECT INC</u> Nonpriority Creditor's Name <u>PO BOX 1566</u> Number Street <u>MANITOWOC, WI 54221</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 2 4 9</u> When was the debt incurred? <u>6/23/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>	<u>\$2,324.00</u>	

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	AMERICOLLECT INC	Last 4 digits of account number	<u>8</u> <u>1</u> <u>4</u> <u>7</u>	<u>\$1,854.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>11/30/2021</u>	
	<u>PO BOX 1566</u>			
	Number Street			
	<u>MANITOWOC, WI 54221</u>	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.4	AMERICOLLECT INC	Last 4 digits of account number	<u>7</u> <u>4</u> <u>8</u> <u>1</u>	<u>\$1,472.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>4/27/2023</u>	
	<u>PO BOX 1566</u>			
	Number Street			
	<u>MANITOWOC, WI 54221</u>	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	<u>AMERICOLLECT INC</u> Nonpriority Creditor's Name <u>PO BOX 1566</u> Number Street <u>MANITOWOC, WI 54221</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9</u> <u>0</u> <u>7</u> <u>3</u> When was the debt incurred? <u>8/13/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>	<u>\$610.00</u>
4.6	<u>Beacon Health Systems</u> Nonpriority Creditor's Name <u>615 N Michigan St</u> Number Street <u>South Bend, IN 46601</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3</u> <u>2</u> <u>4</u> <u>8</u> When was the debt incurred? <u>05/23/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	<u>\$1,250.75</u>

Debtor 1 Keith Everett Beber Case number (if known) _____

Debtor 2 Danielle Rene Beber _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	<u>CAPITAL ONE</u> Nonpriority Creditor's Name <u>PO BOX 31293</u> Number Street _____ <u>SALT LAKE CITY, UT 84131</u> City State ZIP Code	Last 4 digits of account number <u>5</u> <u>2</u> <u>2</u> <u>1</u> When was the debt incurred? <u>6/11/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$415.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.8	<u>CAPITAL ONE</u> Nonpriority Creditor's Name <u>PO BOX 31293</u> Number Street _____ <u>SALT LAKE CITY, UT 84131</u> City State ZIP Code	Last 4 digits of account number <u>3</u> <u>5</u> <u>6</u> <u>1</u> When was the debt incurred? <u>10/7/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$371.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Keith Everett Beber Case number (if known) _____

Debtor 2 Danielle Rene Beber _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	<u>CAPITAL ONE</u> Nonpriority Creditor's Name <u>PO BOX 31293</u> Number Street _____ <u>SALT LAKE CITY, UT 84131</u> City State ZIP Code	Last 4 digits of account number <u>6</u> <u>8</u> <u>0</u> <u>9</u> When was the debt incurred? <u>7/18/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$331.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.10	<u>COMENITYCAPITAL/DELL</u> Nonpriority Creditor's Name <u>PO BOX 182120</u> Number Street _____ <u>COLUMBUS, OH 43218</u> City State ZIP Code	Last 4 digits of account number <u>1</u> <u>3</u> <u>9</u> <u>0</u> When was the debt incurred? <u>8/8/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>	<u>\$3,786.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>	Case number (if known) _____
Debtor 2	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.11 CREDIT SERVICE INTERNATIONAL</p> <p>Nonpriority Creditor's Name <u>c/o Slovin & Associates Co. LPA</u></p> <p><u>2060 Reading Road, Ste. 420</u> Number Street</p> <p><u>Cincinnati, OH 45202</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>JUDGMENT</u></p>	<p><u>\$1,997.00</u></p>
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<p>4.12 CREDIT SERVICE INTL CO</p> <p>Nonpriority Creditor's Name <u>512 2ND ST STE 6</u></p> <p>Number Street</p> <p><u>HUDSON, WI 54016</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: FAIRHAVEN</p>	<p>Last 4 digits of account number <u>5</u> <u>5</u> <u>4</u> <u>A</u></p> <p>When was the debt incurred? <u>8/29/2023</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u></p>	<p><u>\$927.00</u></p>
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Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13	DEPT OF ED/AIDVANTAGE Nonpriority Creditor's Name 1600 TYSON BOULEVARD, ST Number Street _____ MCLEAN, VA 75403 City State ZIP Code	Last 4 digits of account number <u>0</u> <u>1</u> <u>3</u> <u>0</u> When was the debt incurred? <u>7/25/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,291.00
4.14	Dr. Neha Batra Nonpriority Creditor's Name 1852 ashburn rd Number Street _____ goshen, IN 46526 City State ZIP Code	Last 4 digits of account number <u>7</u> <u>3</u> <u>3</u> <u>9</u> When was the debt incurred? <u>8/18/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.04

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15	Elite Emergency Physicians Nonpriority Creditor's Name po box 1259 dept 165956 Number Street oaks, PA 19456 City State ZIP Code	Last 4 digits of account number <u>p</u> <u>i</u> <u>1</u> <u>0</u> When was the debt incurred? <u>05/26/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	\$392.50
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.16	Elite Emergency Physicians Nonpriority Creditor's Name 600 east blvd Number Street elkhart, IN 46514 City State ZIP Code	Last 4 digits of account number <u>7</u> <u>0</u> <u>9</u> <u>2</u> When was the debt incurred? <u>11/29/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	\$436.47
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	Elkhart Community Schools Nonpriority Creditor's Name 2720 California Rd Number Street Elkhart, IN 46514 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4</u> <u>6</u> <u>9</u> <u>1</u> When was the debt incurred? <u>05/25/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$344.50
4.18	Fairhaven Obstetrics & Gynecology Nonpriority Creditor's Name 1111 Lighthouse Ln Number Street Goshen, IN 46526 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5</u> <u>5</u> <u>4</u> <u>a</u> When was the debt incurred? <u>1/17/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	unknown

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	Goshen Home Medical Nonpriority Creditor's Name 1501 S Main St Number Street Goshen, IN 46526 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1</u> <u>7</u> <u>9</u> <u>3</u> When was the debt incurred? <u>07/19/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	\$75.34
4.20	Goshen Hospital Nonpriority Creditor's Name 200 high park ave Number Street goshen, IN 46526 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2</u> <u>8</u> <u>8</u> <u>0</u> When was the debt incurred? <u>11/6/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	unknown

Debtor 1 Keith Everett Beber Case number (if known) _____

Debtor 2 Danielle Rene Beber _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21	<u>Goshen Physicans</u> Nonpriority Creditor's Name <u>po box 834</u> Number Street _____ <u>goshen, IN 46527</u> City State ZIP Code	Last 4 digits of account number <u>0</u> <u>5</u> <u>6</u> <u>5</u> When was the debt incurred? <u>6/8/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	\$862.20
<p>Who incurred the debt? Check one.</p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.22	<u>Goshen Physicans</u> Nonpriority Creditor's Name <u>po box 834</u> Number Street _____ <u>Goshen, IN 46527</u> City State ZIP Code	Last 4 digits of account number <u>0</u> <u>5</u> <u>6</u> <u>5</u> When was the debt incurred? <u>6/8/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	\$807.20
<p>Who incurred the debt? Check one.</p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	<u>HYUNDAI CAPITAL AMERIC</u> Nonpriority Creditor's Name <u>4000 MACARTHUR BLVD STE</u> Number Street <u>NEWPORT BEACH, CA 92660</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6</u> <u>9</u> <u>8</u> <u>0</u> When was the debt incurred? <u>3/26/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>AutoLease</u>	\$2,903.00
4.24	<u>INTERRA CREDIT UNION</u> Nonpriority Creditor's Name <u>300 W LINCOLN AVE</u> Number Street <u>GOSHEN, IN 46526</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0</u> <u>3</u> <u>0</u> <u>5</u> When was the debt incurred? <u>7/22/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>	\$1,305.00

Debtor 1 Keith Everett Beber Case number (if known) _____

Debtor 2 Danielle Rene Beber _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	<u>JEFFERSON CAPITAL SYST</u> Nonpriority Creditor's Name <u>16 MCLELAND RD</u> Number Street <u>SAINT CLOUD, MN 56303</u> City State ZIP Code	Last 4 digits of account number <u>1</u> <u>1</u> <u>8</u> <u>5</u> When was the debt incurred? <u>12/11/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	\$932.00
<p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: VISA PLATINUM</p>			

4.26	<u>JEFFERSON CAPITAL SYST</u> Nonpriority Creditor's Name <u>16 MCLELAND RD</u> Number Street <u>SAINT CLOUD, MN 56303</u> City State ZIP Code	Last 4 digits of account number <u>6</u> <u>3</u> <u>4</u> <u>1</u> When was the debt incurred? <u>10/20/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	\$547.00
<p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: FORTIVA</p>			

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27 Kevin Housman **Last 4 digits of account number** 7 3 3 9 \$374.07

Nonpriority Creditor's Name

1953 waterfall dr

Number Street

nappanee, IN 46550

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

10/13/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify medical bill

4.28 KINUM **Last 4 digits of account number** 4 0 1 1 \$141.00

Nonpriority Creditor's Name

770 LYNNHAVEN PARKWAY

Number Street

VIRGINIA BEACH, VA 23452

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

7/7/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Remarks: ELKHART COMMUNITY SCHOOLS

Debtor 1 Keith Everett Beber Case number (if known) _____

Debtor 2 Danielle Rene Beber _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	KINUM	Last 4 digits of account number	<u>1</u> <u>6</u> <u>8</u> <u>8</u>	<u>\$119.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>7/28/2022</u>		
<u>770 LYNNHAVEN PARKWAY</u>				
Number Street				
<u>VIRGINIA BEACH, VA 23452</u>				
City State ZIP Code				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				
4.30	KINUM	Last 4 digits of account number	<u>0</u> <u>7</u> <u>4</u> <u>9</u>	<u>\$84.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>7/29/2021</u>		
<u>770 LYNNHAVEN PARKWAY</u>				
Number Street				
<u>VIRGINIA BEACH, VA 23452</u>				
City State ZIP Code				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1 Keith Everett Beber Case number (if known) _____

Debtor 2 Danielle Rene Beber _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31	Kristina Jackowiak Nonpriority Creditor's Name <u>2832 elkhart rd</u> Number Street <u>goshen, IN 46526</u> City State ZIP Code	Last 4 digits of account number <u>7</u> <u>3</u> <u>3</u> <u>9</u> When was the debt incurred? <u>8/18/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	\$132.39
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.32	ONE ADVANTAGE LLC Nonpriority Creditor's Name <u>Po Box 6200</u> Number Street <u>South Bend, IN 46660-6200</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>JUDGMENT</u>	\$6,215.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Keith Everett Beber Case number (if known) _____

Debtor 2 Danielle Rene Beber _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33 Radiology Last 4 digits of account number 0 7 3 9 \$68.22

Nonpriority Creditor's Name

Po box 1258

Number Street

south bend, IN 46624

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

11/03/2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify medical bill

4.34 St Joseph Mishawaka Med Center Last 4 digits of account number 0 1 4 4 \$263.11

Nonpriority Creditor's Name

5215 holy cross pkwy

Number Street

mishawaka, IN 46545

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

7/14/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify medical bill

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35 SYNCB/PPC Last 4 digits of account number 8 1 7 2 \$377.00

Nonpriority Creditor's Name

PO BOX 530975

Number Street

ORLANDO, FL 32896

City State ZIP Code

When was the debt incurred?

7/24/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>	Case number (if known) _____
Debtor 2	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. IU Goshen Hospital On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
200 High park ave ☒ Part 2: Creditors with Nonpriority Unsecured Claims
 Number _____ Street _____

Goshen, IN 46526-0000
 City _____ State _____ ZIP Code _____

Last 4 digits of account number _____

2. GOSHEN HOSPITAL On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
PO BOX 139 ☒ Part 2: Creditors with Nonpriority Unsecured Claims
 Number _____ Street _____

Goshen, IN 46527-0139
 City _____ State _____ ZIP Code _____

Last 4 digits of account number _____

3. SLOVIN & ASSOCIATES CO LPA On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
2060 Reading Rd., Ste 420 ☒ Part 2: Creditors with Nonpriority Unsecured Claims
 Number _____ Street _____

Cincinnati, OH 45202-0000
 City _____ State _____ ZIP Code _____

Last 4 digits of account number _____

4. Elkhart Superior Court 2 On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
CASE NO. 20D02-2308-CC-001761 ☒ Part 2: Creditors with Nonpriority Unsecured Claims
315 S. SECOND ST
 Number _____ Street _____
Elkhart, IN 46516-0000
 City _____ State _____ ZIP Code _____

Last 4 digits of account number _____

5. UNITED STATES ATTORNEY On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
5400 FEDERAL PLAZA, SUITE 1500 ☒ Part 2: Creditors with Nonpriority Unsecured Claims
 Number _____ Street _____

Hammond, IN 46320
 City _____ State _____ ZIP Code _____

Last 4 digits of account number _____

6. Business & Professional Services Inc On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
308 South Main St ☒ Part 2: Creditors with Nonpriority Unsecured Claims
 Number _____ Street _____

Goshen, IN 46526
 City _____ State _____ ZIP Code _____

Last 4 digits of account number _____

Debtor 1 Keith Everett Beber Case number (if known) _____
Debtor 2 Danielle Rene Beber _____
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

7.	<u>Revco Solutiona</u> Name <u>po box 163279</u> Number Street <u>columbus, OH 43216</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
8.	<u>Revco Solutions</u> Name <u>PO box 163279</u> Number Street <u>Columbus, OH 43216</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
9.	<u>Credit Service International</u> Name <u>630 S Green Bay Rd Ste 3</u> Number Street <u>Neenah, WI 54956</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
10.	<u>Slovin & Associates</u> Name <u>2060 Reading Rd</u> Number Street <u>Cincinnati, OH 45202</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
11.	<u>Business & Professional Services</u> Name <u>308 South Main St</u> Number Street <u>Goshen, IN 46526</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
12.	<u>Business & Professional Services Inc</u> Name <u>306 South Main St</u> Number Street <u>Goshen, IN 46526</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.31</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>	Case number (if known) _____
Debtor 2	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

<p>13. <u>Krisor & Associates</u></p> <p>Name _____</p> <p><u>PO Box 6200</u></p> <p>Number _____ Street _____</p> <p><u>South Bend, IN 46660-0000</u></p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.32</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</p> <p><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>14. <u>Elkhart Superior Court 6</u></p> <p>Name _____</p> <p><u>CASE NO. 20D06-2302-SC-000379</u></p> <p><u>101 North Main Street, # 204</u></p> <p>Number _____ Street _____</p> <p><u>Goshen, IN 46526-0000</u></p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.32</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</p> <p><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>15. <u>Revco Solutions</u></p> <p>Name _____</p> <p><u>po box 163279</u></p> <p>Number _____ Street _____</p> <p><u>Columbus, OH 43216</u></p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</p> <p><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>	Case number (if known) _____
Debtor 2	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	<u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	<u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e.	<u>\$0.00</u>

Total claims from Part 2	6f. Student loans	6f.	<u>\$65,635.50</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$32,948.29</u>
	6j. Total. Add lines 6f through 6i.	6j.	<u>\$98,583.79</u>

Fill in this information to identify your case:

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Indiana</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.2	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.3	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.4	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	

Fill in this information to identify your case:

Debtor 1	Keith	Everett	Beber
	First Name	Middle Name	Last Name
Debtor 2	Danielle	Rene	Beber
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: _____ Northern _____ District of _____ Indiana _____

Case number _____
(if known)

Official Form 106H

12/15

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
<div>3.1</div> <div>_____</div> <div>Name</div> <div>_____</div> <div>Number Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div>Check all schedules that apply:</div> <div><input type="checkbox"/> Schedule D, line _____</div> <div><input type="checkbox"/> Schedule E/F, line _____</div> <div><input type="checkbox"/> Schedule G, line _____</div>
<div>3.2</div> <div>_____</div> <div>Name</div> <div>_____</div> <div>Number Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div><input type="checkbox"/> Schedule D, line _____</div> <div><input type="checkbox"/> Schedule E/F, line _____</div> <div><input type="checkbox"/> Schedule G, line _____</div>

Fill in this information to identify your case:

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Indiana</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☒ Employed ☐ Not Employed

IT Technican

Winnebago of Indiana

201 14th st
Number Street

Middlebury, IN 46540

City State Zip Code

8 years

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

Bill of Materials Writer

Winnebago of Indiana

201 14th st
Number Street

middlebury, IN 46540

City State Zip Code

3 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$4,549.18</u>	<u>\$5,358.25</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	+ <u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$4,549.18</u>	<u>\$5,358.25</u>

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$4,549.18	\$5,358.25	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$720.76	\$634.96	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$267.93	
5d. Required repayments of retirement fund loans	5d.	\$91.13	\$94.16	
5e. Insurance	5e.	\$487.50	\$238.29	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$81.25	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,380.64	\$1,235.35	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,168.53	\$4,122.91	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$208.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00	\$208.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,168.53	\$4,330.91	\$7,499.44
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. +		\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12.		\$7,499.44	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____				

Fill in this information to identify your case:

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Indiana</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

11

☐ No. ☒ Yes.

Child

6

☐ No. ☒ Yes.

Child

4

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$0.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$200.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1
Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

First Name

Middle Name

Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$265.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$75.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$365.00</u>
6d.	Other. Specify: _____ Other utilities _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$1,000.00</u>
8.	Childcare and children's education costs	8. <u>\$1,850.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$250.00</u>
10.	Personal care products and services	10. <u>\$90.00</u>
11.	Medical and dental expenses	11. <u>\$200.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$450.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$300.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$185.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

21. Other. Specify:

21. + \$208.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$5,438.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$5,438.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$7,499.44

23b. Copy your monthly expenses from line 22c above.

23b. - \$5,438.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$2,061.44

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

We are due with a baby in June, 2024. this will add to clothing, groceries, childcare expenses.

Fill in this information to identify your case:

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Indiana</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$96,750.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$75,248.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$171,998.00</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$151,921.08</u>
-----------------------------------------------------------------------------------------------------------------------------------------	---------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$98,583.79</u>

Your total liabilities

\$250,504.87

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$7,499.44</u>
---------------------------------------------------------------------------	-------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$5,438.00</u>
---------------------------------------------------------------------	-------------------

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. Consumer debts are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$9,920.34

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$65,635.50
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$65,635.50

Fill in this information to identify your case:

Debtor 1 Keith Everett Beber
First Name Middle Name Last Name

Debtor 2 Danielle Rene Beber
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Indiana

Case number _____
(if known)

☐ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Keith Everett Beber
Keith Everett Beber, Debtor 1

X /s/ Danielle Rene Beber
Danielle Rene Beber, Debtor 2

Date 02/22/2024
MM/ DD/ YYYY

Date 02/22/2024
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Keith</u>	<u>Everett</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Danielle</u>	<u>Rene</u>	<u>Beber</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Indiana</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div>	<div><input type="checkbox"/> Same as Debtor 1</div> <div>From _____ To _____</div>	<div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div>	<div><input type="checkbox"/> Same as Debtor 1</div> <div>From _____ To _____</div>
<div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div>	<div><input type="checkbox"/> Same as Debtor 1</div> <div>From _____ To _____</div>	<div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div>	<div><input type="checkbox"/> Same as Debtor 1</div> <div>From _____ To _____</div>

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Keith** **Everett** **Beber**
Debtor 2 **Danielle** **Rene** **Beber**
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$8,367.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2023 YYYY)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$52,344.28	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2022 YYYY)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$42,339.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy:			
For last calendar year: (January 1 to December 31, 2023 YYYY)			
For the calendar year before that: (January 1 to December 31, 2022 YYYY)	Federal Income Tax Return State Income Tax Return	\$1,097.00 \$290.00	

Debtor 1 **Keith** **Everett** **Beber**
Debtor 2 **Danielle** **Rene** **Beber**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ **No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ **Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ **No.** Go to line 7.

☒ **Yes.** List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Interra Creditor's Name	01/05/2024	\$748.12	\$31,341.79	<input type="checkbox"/> Mortgage
300 w lincoln Number Street				<input checked="" type="checkbox"/> Car
goshen, IN 46526 City State ZIP Code				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ **No**

☐ **Yes.** List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Keith** **Everett** **Beber**
Debtor 2 **Danielle** **Rene** **Beber**
First Name Middle Name Last Name

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
<div>Insider's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title Credit Service International v. Danielle Beber Case number 20D02-2308-CC-001761	CIVIL - COLLECTION - Amended Default Judgment entered 01/26/2024 - Monetary Award for \$1,997.74	Elkhart Superior Court 2 Court Name CASE NO. 20D02-2308-CC-001761 315 S. SECOND ST Number Street Elkhart, IN 46516-0000 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title ONE ADVANTAGE, LLC v. DANIELLE R BEBER Case number 20D06-2302-SC-000379	CIVIL / COLLECTION - Garnishment Order Entered ---- 12/15/2023	Elkhart Superior Court 6 Court Name CASE NO. 20D06-2302-SC-000379 101 North Main Street, # 204 Number Street Goshen, IN 46526-0000 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
- ☒ Yes. Fill in the information below.

Debtor 1	Keith	Everett	Beber	Case number (if known) _____
Debtor 2	Danielle	Rene	Beber	
	First Name	Middle Name	Last Name	

<u>ONE ADVANTAGE LLC</u> Creditor's Name	Describe the property	Date	Value of the property
<u>Po Box 6200</u> Number Street	WAGES	<u>1/5/24 - 2/23/24</u>	<u>\$2,173.00</u>
<u>South Bend, IN 46660-6200</u> City State ZIP Code	Explain what happened		
	<input type="checkbox"/> Property was repossessed.		
	<input type="checkbox"/> Property was foreclosed.		
	<input checked="" type="checkbox"/> Property was garnished.		
	<input type="checkbox"/> Property was attached, seized, or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

<u>Creditor's Name</u>	Describe the action the creditor took	Date action was taken	Amount
<u>Number Street</u>			
<u>City State ZIP Code</u>			

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Keith** **Everett** **Beber**
Debtor 2 **Danielle** **Rene** **Beber**
First Name Middle Name Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Keith** **Everett** **Beber**
Debtor 2 **Danielle** **Rene** **Beber**
First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
James K Tamke PC Person Who Was Paid 922 E Jefferson Blvd Number Street South Bend, IN 46617-3104 City State ZIP Code jamestamke@gmail.com Email or website address DEBTOR'S PARENTS, GARY AND LORI BEBER Person Who Made the Payment, if Not You	2/8/2024	\$910.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

Debtor 1 **Keith** **Everett** **Beber**
 Debtor 2 **Danielle** **Rene** **Beber**
 First Name Middle Name Last Name Case number (if known) _____

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Gates of Elkhart Person Who Received Transfer 2405 Cassopolis St Number Street Elkhart, IN 46514 City State ZIP Code Person's relationship to you		2017 TOYOTA HIGHLANDER TRADED IN TRADE-IN VALUE APPLIED TO REDUCE PURCHASE PRICE OF NEW VEHICLE PURCHASED	09/30/2022

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____

Name of Financial Institution _____
 Number Street _____
 City State ZIP Code _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1
Debtor 2

Keith
Danielle

Everett
Rene

Beber
Beber

Case number (if known)

First NameMiddle NameLast Name

Who else had access to it?		Describe the contents	Do you still have it?
<div>Name of Financial Institution</div> <div>Number Street</div> <div>City State ZIP Code</div>			<input type="checkbox"/> No
<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>			<input type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<div>Name of Storage Facility</div> <div>Number Street</div> <div>City State ZIP Code</div>			<input type="checkbox"/> No
<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>			<input type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Where is the property?		Describe the property	Value
<div>Owner's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>			
<div>Number Street</div> <div>City State ZIP Code</div>			

Debtor 1	Keith	Everett	Beber
Debtor 2	Danielle	Rene	Beber
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div> <div>Name of site</div> <div>Governmental unit</div> </div>			
<div> <div>Number Street</div> <div>Number Street</div> </div>			
<div> <div>City State ZIP Code</div> </div>			
<div> <div>City State ZIP Code</div> </div>			

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div> <div>Name of site</div> <div>Governmental unit</div> </div>			
<div> <div>Number Street</div> <div>Number Street</div> </div>			
<div> <div>City State ZIP Code</div> </div>			
<div> <div>City State ZIP Code</div> </div>			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Debtor 1	Keith	Everett	Beber	
Debtor 2	Danielle	Rene	Beber	
	First Name	Middle Name	Last Name	Case number (if known) _____

	Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____		<input type="checkbox"/> Pending
_____	Number _____ Street _____		<input type="checkbox"/> On appeal
Case number _____	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _____ - _____
	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

	Date issued
Name _____	MM / DD / YYYY _____
Number _____ Street _____	

City _____ State _____ ZIP Code _____	

Debtor 1	Keith	Everett	Beber	Case number (if known) _____
Debtor 2	Danielle	Rene	Beber	
	First Name	Middle Name	Last Name	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Keith Everett Beber
Signature of Keith Everett Beber, Debtor 1

X /s/ Danielle Rene Beber
Signature of Danielle Rene Beber, Debtor 2

Date 02/22/2024

Date 02/22/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
Northern District of Indiana

In re Beber, Keith Everett

Beber, Danielle Rene

Case No. _____

Debtor

Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ **FLAT FEE**

For legal services, I have agreed to accept \$4,000.00

Prior to the filing of this statement I have received \$910.00

Balance Due \$3,090.00

☐ **RETAINER**

For legal services, I have agreed to accept and received a retainer of

The undersigned shall bill against the retainer at an hourly rate of

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) HUSBAND DEBTOR'S PARENTS, GARY AND LORI BEBER

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. AS PER WRITTEN FEE AGREEMENT

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/22/2024
Date

/s/ James K. Tamke
James K. Tamke
Signature of Attorney

Bar Number: 12030-71
James K Tamke PC
922 E Jefferson Blvd
South Bend, IN 46617
Phone: (574) 289-8788

James K Tamke PC
Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA
SOUTH BEND DIVISION

IN RE: **Beber, Keith Everett**
Beber, Danielle Rene

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 02/22/2024 Signature /s/ Keith Everett Beber
Keith Everett Beber, Debtor

Date 02/22/2024 Signature /s/ Danielle Rene Beber
Danielle Rene Beber, Joint Debtor

AMERI COLLECT
1851 S ALVERNO ROAD
MANITOWOC, WI 54221

AMERI COLLECT INC
PO BOX 1566
MANITOWOC, WI 54221

Beacon Health Systems
615 N Michigan St
South Bend, IN 46601

Business & Professional
Services
308 South Main St
Goshen, IN 46526

Business & Professional
Services Inc
306 South Main St
Goshen, IN 46526

Business & Professional
Services Inc
308 South Main St
Goshen, IN 46526

CAPITAL ONE
PO BOX 31293
SALT LAKE CITY, UT 84131

COMENITYCAPITAL/DELL
PO BOX 182120
COLUMBUS, OH 43218

Credit Service International
630 S Green Bay Rd Ste 3
Neenah, WI 54956

CREDIT SERVICE
INTERNATIONAL
c/o Slovin & Associates Co. LPA
2060 Reading Road, Ste. 420
Cincinnati, OH 45202

CREDIT SERVICE INTL CO
512 2ND ST STE 6
HUDSON, WI 54016

Dell Technologies
po box 650971
dallas, TX 75265

DEPT OF ED/ADVANTAGE
1600 TYSON BOULEVARD, ST
MCLEAN, VA 75403

Dr. Neha Batra
1852 ashburn rd
goshen, IN 46526

Elite Emergency Physicians
po box 1259 dept 165956
oaks, PA 19456

Elite Emergency Physicians
600 east blvd
elkhart, IN 46514

Elkhart Community Schools
2720 California Rd
Elkhart, IN 46514

Elkhart Superior 6 Court
315 S second st
elkhart, IN 46516

Elkhart Superior Court 2
CASE NO. 20D02-2308-CC-001761
315 S. SECOND ST
Elkhart, IN 46516-0000

Elkhart Superior Court 6
CASE NO. 20D06-2302-SC-000379
101 North Main Street, # 204
Goshen, IN 46526-0000

Fairhaven Obstetrics &
Gynecology
1111 Lighthouse Ln
Goshen, IN 46526

GOSHEN HOSPITAL
PO BOX 139
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Goshen Home Medical
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Goshen, IN 46526

Goshen Hospital
200 high park ave
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Goshen Physicans
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goshen, IN 46527

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laporte, IN 46350

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Po box 1258
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columbus, OH 43216

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PO box 163279
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